

# CUTIS 1983 INDEX

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*"He got his shoes from England, his headphones from Japan,  
and his stride from tinea cruris."*

BIOAVAILABLE...CONVENIENT...ECONOMICAL

**Grisactin<sup>®</sup> Ultra**  
GRISOFULVIN ULTRAMICROSIZED  
125, 250 MG TABLETS

**MORE THAN A MATCH FOR TINEA CRURIS.**

Please see brief summary of prescribing information on following page.

**BRIEF SUMMARY**

(For full prescribing information, see package circular.)

**GRISACTIN® Ultra**

Brand of griseofulvin ultramicrosize

A Fungistatic Antibiotic

**INDICATIONS:** Griseofulvin is indicated for the treatment of ringworm infections of the skin, hair, and nails, namely, *Tinea corporis*, *Tinea pedis*, *Tinea cruris*, *Tinea barbae*, *Tinea capitis*, *Tinea unguium* (onychomycosis) when caused by one or more of the following genera of fungi: *Trichophyton rubrum*, *Trichophyton tonsurans*, *Trichophyton mentagrophytes*, *Trichophyton interdigitalis*, *Trichophyton verrucosum*, *Trichophyton megnini*, *Trichophyton gallinae*, *Trichophyton crateriform*, *Trichophyton sulphureum*, *Trichophyton schoenleinii*, *Microsporum audouinii*, *Microsporum canis*, *Microsporum gypseum*, *Epidermophyton floccosum*.

**NOTE:** Prior to therapy, the type of fungi responsible for the infection should be identified.

The use of this drug is not justified in minor or trivial infections which will respond to topical agents alone.

Griseofulvin is not effective in the following: Bacterial infections, Candidiasis (Moniliasis), Histoplasmosis, Actinomycosis, Sporotrichosis, Chromoblastomycosis, Coccidioidomycosis, North American Blastomycosis, Cryptococcosis (Torulosis), *Tinea versicolor*, Nocardiosis.

**CONTRAINDICATIONS:** This drug is contraindicated in patients with porphyria, hepatocellular failure, and in individuals with a history of hypersensitivity to griseofulvin.

**WARNINGS:** *Prophylactic Usage:* Safety and efficacy of griseofulvin for prophylaxis of fungal infections has not been established.

*Animal Toxicity:* Chronic feeding of griseofulvin, at levels ranging from 0.5-2.5% of the diet, resulted in the development of liver tumors in several strains of mice, particularly males. Smaller particle sizes result in an enhanced effect. Lower oral dosage levels have not been tested. Subcutaneous administration of relatively small doses of griseofulvin, once a week during the first three weeks of life has also been reported to induce hepatomata in mice. Although studies in other animal species have not yielded evidence of tumorigenicity, these studies were not of adequate design to form a basis for conclusions in this regard.

In subacute toxicity studies, orally administered griseofulvin produced hepatocellular necrosis in mice, but this has not been seen in other species. Disturbances in porphyrin metabolism have been reported in griseofulvin-treated laboratory animals. Griseofulvin has been reported to have a colchicine-like effect on mitosis and cocarcinogenicity with methylcholanthrene in cutaneous tumor induction in laboratory animals.

*Usage in Pregnancy:* The safety of this drug during pregnancy has no been established.

*Animal Reproduction Studies:* It has been reported in the literature that griseofulvin was found to be embryotoxic and teratogenic on oral administration to pregnant rats. Pups with abnormalities have been reported in the litters of a few bitches treated with griseofulvin. Additional animal reproduction studies are in progress.

Suppression of spermatogenesis has been reported to occur in rats, but investigation in man failed to confirm this.

**PRECAUTIONS:** Patients on prolonged therapy with any potent medication should be under close observation. Periodic monitoring of organ system function, including renal, hepatic, and hematopoietic, should be done.

Since griseofulvin is derived from species of *Penicillium*, the possibility of cross-sensitivity with penicillin exists; however, known penicillin-sensitive patients have been treated without difficulty.

Since a photosensitivity reaction is occasionally associated with griseofulvin therapy, patients should be warned to avoid exposure to intense natural or artificial sunlight. Should a photosensitivity reaction occur, lupus erythematosus may be aggravated.

Griseofulvin decreases the activity of warfarin-type anticoagulants so that patients receiving these drugs concomitantly may require dosage adjustment of the anticoagulant during and after griseofulvin therapy.

Barbiturates usually depress griseofulvin activity and concomitant administration may require a dosage adjustment of the antifungal agent.

Griseofulvin may augment or potentiate the effects of alcohol.

**ADVERSE REACTIONS:** When adverse reactions occur, they are most commonly of the hypersensitivity type such as skin rashes, urticaria, and rarely angioneurotic edema, and may necessitate withdrawal of therapy and appropriate countermeasures. Paresthesias of the hands and feet have been reported rarely after extended therapy. Other side effects reported occasionally are oral thrush, nausea, vomiting, epigastric distress, diarrhea, headache, fatigue, dizziness, insomnia, mental confusion, and impairment of performance of routine activities.

Proteinuria and leukopenia have been reported rarely. Administration of the drug should be discontinued if granulocytopenia occurs.

When rare, serious reactions occur with griseofulvin, they are usually associated with high dosages, long periods of therapy, or both.

**DOSAGE AND ADMINISTRATION:** Adults: 250 mg daily for most patients, and 500 mg daily in divided doses for patients with fungal infections that are more difficult to eradicate.

Children: 2.5 mg per pound of body weight per day is effective for most children. Children 2 years of age and younger: dosage has not been established.

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**CUTIS CME QUIZ #7****Epidermolysis Bullosa Acquisita**

**Instructions:** Mark the appropriate box with an "X."

1. a ☐ b ☐ c ☐ d ☐

2. a ☐ b ☐ c ☐ d ☐

3. a ☐ b ☐ c ☐ d ☐

4. a ☐ b ☐ c ☐ d ☐

5. a ☐ b ☐ c ☐ d ☐

6. a ☐ b ☐ c ☐ d ☐

7. a ☐ b ☐ c ☐ d ☐

8. a ☐ b ☐ c ☐ d ☐

9. a ☐ b ☐ c ☐ d ☐

10. a ☐ b ☐ c ☐ d ☐

11. a ☐ b ☐ c ☐ d ☐

12. a ☐ b ☐ c ☐ d ☐

|   |        |         |                   |                |      |
|---|--------|---------|-------------------|----------------|------|
| Name<br>(please print)<br>Specialty<br>Address<br>City<br>Signature | Degree | Initial | Social Security # | State/Zip Code | Date |
|   |        |         |                   |                |      |
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|   |        |         |                   |                |      |

The University of Alabama School of Medicine designates this continuing medical education activity for 1 credit hour in Category 1 of the Physician's Recognition Award of the American Medical Association.

Be sure you have checked the best answer for each question. To defray costs of processing, please enclose check for \$10.00 payable to the Division of Continuing Medical Education, and mail with the completed answer sheet to: Division of Continuing Medical Education, Room 127 CHSB, University Station, Birmingham, AL 35294.

Participants will receive certificates for their records.

